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C O N F I D E N T I A L SECTION 01 OF 04 PRETORIA 002547

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DEPT FOR AF/S CARSON AND OGAC E GOOSBY
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TAGS: [EAID](#) [KHIV](#) [PGOV](#) [SF](#) [TBIO](#)
SUBJECT: AMBASSADOR'S MEETING WITH MINISTER OF HEALTH AARON
MOTSOALEDI

REF: A. A. PRETORIA 2463
[1](#)B. B. USDEL SECRETARY/AFRICA 0006
[1](#)C. C. PRETORIA 1028

Classified By: DCM HELEN LA LIME FOR REASONS 1.5 (C) AND (D)

[1](#)1. (C) SUMMARY: The meeting between Ambassador Gips and Minister of Health Dr. Aaron Motsoaledi on November 30, 2009 marked a new partnership between the United States and South Africa in health coordination and cooperation. The Minister thanked the United States for the extensive support we have provided through PEPFAR and other health programs in HIV/AIDS and TB. Minister Motsoaledi also outlined key priorities for the government that include ending AIDS exceptionalism by integrating HIV prevention, care, and treatment into the primary healthcare system, enhancing prevention efforts through engagement at a community and clinic level, engaging all existing partners in healthcare delivery including the private sector, NGOs, and civil society. The Minister highlighted the need for South Africans to unite to fight HIV/AIDS and welcomed the opportunity to develop a PEPFAR Partnership Framework. End Summary.

US-SA PARTNERSHIP ENDORSED

[1](#)2. (C) Ambassador Gips met with Minister of Health Dr. Aaron Motsoaledi on November 30, 2009 accompanied by the Health Attach, the CDC Director and the USAID Health Director. The Ambassador acknowledged the enormous challenges facing the Minister and praised Motsoaledi as a true champion in leading the effort to improve health for all in South Africa and respond aggressively to HIV and TB. The Ambassador emphasized his commitment to helping South Africa achieve its goals in health and asked that Minister Motsoaledi consider the United States as an ally and a friend. The Minister thanked the Ambassador for the PEPFAR support -for HIV, AIDS and TB and the additional USAID funding for TB.

SOUTH AFRICA,S HEALTH CHALLENGES

[1](#)3. (C) The Minister said that the key weakness of the South African response to HIV/AIDS was that there was a parallel system to deal with HIV, and health institutions that did not see HIV/AIDS as part of their mission were not owning up to their responsibility for this battle. The ambitious objectives of the South African National AIDS Council's (SANAC) 2007-2011 National Strategic Plan for HIV/AIDS, TB

and STI, of decreasing new infections by 50 percent and putting 80 percent of eligible people on antiretroviral treatment requires good logistics and services at all health facilities. The inherent capacity is lacking at the District level to ensure this. Currently, the parallel HIV care and treatment services are out of reach for many people because of the long distances they must travel. This leads to lack of adherence to treatment over time. The Minister noted that an additional 3,000 primary healthcare facilities were built when Nelson Mandela became President reaching a total of 4,000 facilities that were intended to improve healthcare access for all in South Africa after apartheid ended. However, embracing their new rights, South Africans believe it is their right to access the highest level and quality of healthcare at the hospitals and seek care at specialized facilities for even the simplest health problems. As a consequence, these facilities are overburdened and the primary healthcare system has collapsed.

INTEGRATION AT PRIMARY CARE LEVEL

14. (C) The Minister's goal is to end HIV "exceptionalism," integrating HIV into every healthcare professional's and facility's responsibility, to strengthen the primary healthcare system and ensure that everyone has access to quality healthcare near their homes. Motsoaledi shared his experience as a physician in remote rural areas of Limpopo and noted that people would wait to see him during his weekly or bi-weekly visits if they were not seriously ill. The

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Minister asked that the United States help South Africa by identifying and testing new models of care and ways to decrease the costs and improve efficiency within these models. The Ambassador endorsed the Minister's proposal and committed our support to do this. The Ambassador also discussed the President Obama's Global Health Initiative noting that it emphasized this type of integration at the primary healthcare level and hoped that we could further support South Africa in the future.

PREVENTION HIGHEST PRIORITY

15. (C) Minister Motsoaledi emphasized the need for a concerted HIV prevention effort noting that there is a full spectrum of response to HIV and that treatment is at the end of that spectrum when all else has failed. He remarked that the goal of decreasing new HIV infections by 50 percent requires a massive change as there is no guarantee that there will be a cure or a vaccine. The current focus on treatment is not stemming the continued increase in cases and a change in the mindset of South Africans towards prevention needs to occur. Motsoaledi wants to bring prevention to the village and clinic level and empower communities to lead the effort in prevention. He noted that the debate in South Africa around proposed National Health Insurance, like the debate in the United States, is on cost estimates of a curative system centered around highly specialized hospitals. A focus on prevention at the primary health care level could decrease the cost considerably.

HEALTH SERVICE DELIVERY PARTNERSHIPS

16. (C) The Minister anticipated the Ambassador's request to keep the NGOs involved in HIV efforts by explaining that SANAC has established a Task Team headed by SANAC Co-Chair Mark Heywood to represent civil society. The team will take stock of all the private sector, non-governmental

organizations and civil society programs currently addressing HIV and TB in South Africa to understand what each can provide and where they are working. PEPFAR representatives at the meeting informed the Minister of the ongoing PEPFAR Partner Inventory with similar aims and to provide geo-mapping for all activities and programs. The Inventory results will be available in April 2010 and we will share these with the Department and the SANAC Task Team. The Minister reported that he had met with the Captains of Industry emphasizing their responsibility in this area and the need for their leadership in this area. He was dismayed that their response was to put forward the products they could sell to the government as they scaled up their response. Motsoaledi took them to task for this approach and reminded them that many of their employees have HIV and their support as part of their Corporate Social Responsibility is a sound business strategy. In fact, Discovery Health has offered to support the massive voluntary counseling and testing campaign that will be launched in March 2010. A team from the private sector has been tasked to meet and outline how they can contribute to the fight against HIV.

SANAC STRENGTHENING

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17. (C) The Minister also noted that SANAC needs to be re-organized and strengthened. With the new leadership of SANAC CEO Dr. Nono Simelela he believes this can be done. Motsoaledi will ask the Cabinet to approve elevating Simelela's position to the level of Director General so that she can join the Director General Meetings and work in the political context to gain support. He also asked for highly skilled people to be seconded to SANAC to help them in their task. The Ambassador offered staffing assistance to the Minister for the National Department of Health as they also scale-up their response and the Minister thanked the Ambassador.

PARTNERSHIP FRAMEWORK

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18. (C) Ambassador Gips informed the Minister Motsoaledi that we will need to work with South Africa to develop a Partnership Framework led by South Africa to outline a 5-year multi-sectoral strategy for HIV efforts, emphasizing country ownership, key strategic goals, responsibilities of government, PEPFAR and other donors that will be tied to financial commitments. The Minister was very receptive and informed the Ambassador that there were existing structures in place through SANAC, including the SANAC Plenary chaired by Deputy President Motlante, the Resource Mobilization Committee that he chairs, the Program Implementation Committee, the SANAC Leaders Forum, and the Inter-ministerial Committee and suggested we work with all these groups in developing the Partnership Framework.

SOUTH AFRICANS TO UNITE IN HIV RESPONSE

19. (C) Finally the Minister noted the need for South Africans to unite to effectively respond to the challenge of HIV. He has put together all the international and South African data available, including the confidential enquiries commissioned by the government and the recent Lancet series, and presented an overview of the South African HIV situation to SANAC. Each of the sectors had appreciated the problem as it affected them but the full picture brought everyone to attention. The Minister noted that South African had never responded to this crisis and needs to respond now. This has led to a debate about the validity of the statistics while

other groups are suggesting that ex-President Mbeki and his then Minister of Health Manto Tshabalala-Msimang should be charged with genocide. Motsoaledi sees this dividing the country and diverting efforts away from the task at hand and is challenging people to leave the divisions aside. If TB and HIV can unite as such powerful allies why can't people do the same, asked Motsoaledi. He felt that focus on these controversies puts the wrong war at center stage and is fed by the media who look for controversy. The real war to fight is HIV, he noted.

ARV FUNDING WELCOMED

¶10. (C) The Minister thanked the U.S. for the additional funding for antiretroviral drug (ARV) purchase and gave the Ambassador a preview of the announcements made by President Zuma at the SANAC World AIDS Day event summarized in Pretoria ¶2463. He noted that the Minister of Finance has committed to providing additional funding for HIV treatment and will announce this in February when he makes his Budget Speech to Parliament. Motsoaledi will also present the results of the recent Health Sector review that he asked WHO and UNAIDS to conduct with PEPFAR participation to the National Treasury once an implementation plan has been developed and costed. This review recommends integration of HIV prevention, care, and treatment at the primary care level. The Health Minister is prepared to tackle the issue of the high prices South Africa pays for ARVs and noted that it is estimated that 250,000 more people could be put on treatment if South Africa purchased ARV at prices similar to what other African countries pay.

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COMMENT

¶11. (C) The Ambassador's first official meeting with Minister of Health Motsoaledi was frank, endorsed the partnership between South Africa and the U.S. in the fight against HIV and TB, and underlined the leadership and commitment of the Minister in tackling the significant challenges of rebuilding the South African healthcare system and responding effectively to the epidemic of HIV by calling on every individual to take on this effort. The United States is recognized as a significant partner in this effort. Ambassador Gips emphasized ongoing U.S. support and contribution in continuing efforts and responding to the Minister's request for assistance in defining innovative and cost efficient models of care, strengthening prevention efforts and health systems, and assisting SANAC and the

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Department of Health with capacity building. The Minister is visionary in his approach, willing to tackle hard issues, and has set high standards and expectations for all South Africans.

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